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## BIB DATA SHEET

CONFIRMATION NO. 6960

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO. MAT-8859US						
10/583,044	06/15/2006	381	2614							
<b>APPLICANTS</b> Osamu Funahashi, Osaka, JAPAN; Seiichi Yoshida, Osaka, JAPAN; Kimihiro Ando, Mie, JAPAN; Kazuyoshi Umemura, Mie, JAPAN; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/JP05/21229 11/18/2005 <b>** FOREIGN APPLICATIONS *****</b> JAPAN 2004-361168 12/14/2004 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 04/25/2007										
<table border="1"> <tr> <td>           Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No            35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No            Verified and Acknowledged <u>/RYAN C. ROBINSON/</u>            Examiner's Signature         </td> <td> <input type="checkbox"/> Met after Allowance            Initials         </td> <td> <b>STATE OR COUNTRY</b>            JAPAN         </td> <td> <b>SHEETS DRAWINGS</b>            2         </td> <td> <b>TOTAL CLAIMS</b>            1         </td> <td> <b>INDEPENDENT CLAIMS</b>            1         </td> </tr> </table>					Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/RYAN C. ROBINSON/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWINGS</b> 2	<b>TOTAL CLAIMS</b> 1	<b>INDEPENDENT CLAIMS</b> 1
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<b>ADDRESS</b> RATNERPRESTIA P.O. BOX 980 VALLEY FORGE, PA 19482 UNITED STATES										
<b>TITLE</b> Loudspeaker										
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit						